## Maryland Veterans Service Animal Program Program Participant Completion/Release Form

Nonprofit Training Entities are required to complete this form when confirming a program participant has either successfully completed the program or has been released prior to completion of the program. *Return to the Maryland Department of Veterans Affairs within 6 months of completion or release from the program.* 

Organization Name	e:		
Point of Contact:			
Title:			
Phone:		Email:	
Name of Veteran:			
This veteran: (circle one)		Successfully completed	Was released prior to completion of the program
For service animal:	: Date of c	ompletion or release	
For equine therapy: Veteran start date			Session completion date
Initial below each	of the foll	owing statements to certify thi	s program participant met criteria for the Program.
1.	Served on Componer	•	the United States Armed Forces, National Guard, or a Reserve
2.	Was disch	 arged or released under conditions oth	er than dishonorable, and
3.	Is a Maryla	nd resident OR receives treatment at	a USDVA or DOD medical facility in Maryland
_	-	e accuracy of this information. ceived from the Maryland Dep	If it is determined inaccurate this organization agrees to artment of Veterans Affairs.
Signature			Date
•	•	rithin 10 days of program completions of Veterans Affairs	on or release to:

Email: dana.burl@maryland.gov

16 Francis Street, Fourth Floor Annapolis, Maryland 21401

ATTN: Outreach and Advocacy Program

Reimbursements: Assuming funds are available, the Fund will provide up to \$10,000 to a qualifying service animal program for a dog placed with a veteran OR will provide up to \$2500 per session, for one year, for each veteran for a total of up to \$10,000 per participant